



GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT
Division of Public Welfare – Bureau of Management Support
735-7344/ Fax: 735-7165



Child Care Calendar/Attendance Record

Service Month/Year: _____

Service Provider: _____ Name of Child: _____

Day in Month	Time In	Initials	Time Out	Initials	Comments/Remarks
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
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26					
27					
28					
29					
30					
31					

Provider Signature/Date: _____ CCDF Parent/Guardian Signature/Date: _____

H=Holiday S=Out Sick V=On Vacation E=Excused Absence (Need Verification) U=Unexcused Absence

CCDF Calendar Revised 12/12/2018